

PLACES: Sharon, Windsor, Vt.
ENTER ALL DATA IN THIS ORDER:
DATES: 14 Apr 1794
To indicate that a child is an ancestor of the person submitting the sheet, place an "X" behind the number pertaining to that child.
FAMILY GROUP RECORD

HUSBAND

Born

Chr.

Marr.

Died

Bur.

HUSBAND'S FATHER

HUSBAND'S OTHER WIVES (2)

Place

Place

Place

Place

Place

HUSBAND'S MOTHER

HUSBAND

Wife

Ward Examiners:

Stake or Mission

1.

2.

WIFE (1)

Born

Chr.

Died

Bur.

WIFE'S FATHER

WIFE'S OTHER HUSBANDS

Place

Place

Place

Place

WIFE'S MOTHER

WIFE

NAME & ADDRESS OF PERSON SUBMITTING SHEET

RELATION OF ABOVE TO HUSBAND

RELATION OF ABOVE TO WIFE

FOUR GENERATION SHEETS FOR FILING ONLY

YES ☐

NO ☐

DATE SUBMITTED TO GENEALOGICAL SOCIETY

LDS ORDINANCE DATA

BAPTIZED (Date)

ENDOWED (Date)

SEALED (Date and Temple) WIFE TO HUSBAND

HUSBAND

WIFE

SEALED (Date and Temple) CHILDREN TO PARENTS

SEX M F	CHILDREN List each child (whether living or dead) in order of birth Given Names SURNAME	WHEN BORN			WHERE BORN			DATE OF FIRST MARRIAGE TO WHOM	DAY	WHEN DIED		
		DAY	MONTH	YEAR	TOWN	COUNTY	STATE OR COUNTRY			MONTH	YEAR	
1	Jacob											
2	Leah											
3	Randall											
4	Christine											
5												
6												
7												
8												
9												
10												
11												

SOURCES OF INFORMATION

OTHER MARRIAGES

NECESSARY EXPLANATIONS

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12-9-81

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HUSBAND

Born _____ Place _____

Chr. _____ Place _____

Marr. _____ Place _____

Died _____ Place _____

Bur. _____ Place _____

HUSBAND'S FATHER _____

HUSBAND'S MOTHER _____

HUSBAND'S OTHER WIVES _____

Husband _____

Wife _____

Ward Examiners: 1. _____ 2. _____

Stake or Mission _____

R. D. RANES

BOCA RATON MEDICAL CLINIC
180 S. FEDERAL HIGHWAY
BOCA RATON, FLORIDA

TELEPHONE
OFFICE 395-4220
AFTER HOURS 395-4220

R. D. RANES, M.D.

APPOINTMENT ON _____ AT _____

PLEASE GIVE 24 HOURS NOTICE IF YOU CANNOT KEEP APPOINTMENT

TO WIFE

WIFE

Born _____ Place _____

Chr. _____ Place _____

Died _____ Place _____

Bur. _____ Place _____

WIFE'S FATHER _____

WIFE'S MOTHER _____

WIFE'S OTHER HUSBANDS _____

SEX M F	CHILDREN List each child (whether living or dead) in order of birth Given Names SURNAME	WHEN BORN			WHERE BORN			DATE OF FIRST MARRIAGE TO WHOM	WHEN DIED			WIFE	HUSBAND	BAPTIZED (Date)	ENDOWED (Date)	SEALED (Date and Temple) WIFE TO HUSBAND
		DAY	MONTH	YEAR	TOWN	COUNTY	STATE OR COUNTRY		DAY	MONTH	YEAR					
1																
2																
3																
4																
5																
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